



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : GAURAV SINHA  
 (b) Age : 1997  
 (c) Address : VILL+Post-Amiya molla tala Jharna kushinagar  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver?  
 3. Owner's relative or friend? : Relative  
 (e) If paid driver, how long has he been in your employment :  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UPS320160006744  
 (h) Issuing Authority : UPS3  
 (i) Date of Expiry : 28-03-2036  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before? : MIA  
 (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 18-12-25 07:00PM  
 (b) Place : JHARNA BAZAR  
 (c) Speed of vehicle at the time of accident : 30-40KPH  
 (d) Give a short description of the accident : आगा वाजा से वाजा उठे, हवाव करिणा दारुआ एव म  
 (e) If any third party was responsible for this accident give the name and address : सामे से वाडक रेडमरु मार पीया प्रिसमे गाडी सेक्टर साइड में  
 गीट मर डुरगमी ।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Fr. And L Side  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : VAISHNO MOTOR kushinagar

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :  
 (b) Address :  
 (c) Full Details of personal injury sustained :  
 (d) Name and address of any person/hospital giving medical attention to injured person : MIA  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
- (b) If yes, give full details : \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? : \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : MIA
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

10. THEFT

- (a) Date and Time : \_\_\_\_\_
- (b) Place : \_\_\_\_\_
- (c) What was stolen? : \_\_\_\_\_
- (d) Estimated cost of replacement? : \_\_\_\_\_
- (e) By whom discovered and reported? : \_\_\_\_\_
- (f) Has theft been reported to Police? : MIA
- (g) When? : \_\_\_\_\_
- (h) Which Policy Station? : \_\_\_\_\_
- (i) C.R. diary Number : \_\_\_\_\_

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 20-12-25 2020

Signature of the insured Anuradha Singh

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. 4PS-CA-392 insured under Policy No. \_\_\_\_\_ of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature Anuradha Singh.....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	ANURADHA SINGH 9198032199
2	Vehicle No. / वाहन संख्या	4PS7CA8392
3	Policy No. / पालिसी संख्या	2S2400131/2026/42993
4	Period of Insurance / बीमा अवधि	14-10-25 TO 13-10-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18-12-25 07:00 Pm
6	Place of Accident / दुर्घटना का स्थान	JHARKHAND BZR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANURADHA SINGH 4PS32016000 6744, 9907526401
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	साँगा बाजार से बाजार के दायरे में घूमते हुए आएँ के सामने से बाइक से टकरा गए और जिले गाड़ी लेफ्ट साइड में गिर कर दुर्घटना।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Vaishno motor kushinagar 9161687734

Date / दिनांक : 20-12-25  
हस्ताक्षर

Anuradha Singh

Anuradha Singh  
Signature of Insured / बीमाधारक के